

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	Not Yet Assigned
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	WRIST TYPE BLOOD PRESSURE METER CUFF
Attorney Docket Number::	163852020700
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Tomonori
Family Name::	INOUE
City of Residence::	Kyoto-shi
Country of Residence::	Japan
Street of mailing address::	c/o OMRON HEALTHCARE CO., LTD. 24, Yamanouchi, Yamanoshita-cho, Ukyo-ku
City of mailing address::	Kyoto-shi
State or Province of mailing address::	Kyoto
Country of mailing address::	Japan

Postal or Zip Code:	600-0084
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Osamu
Family Name::	SHIRASAKI
City of Residence::	Amagasaki-shi
Country of Residence::	Japan
Street of mailing address::	c/o OMRON HEALTHCARE CO., LTD. 24, Yamanouchi, Yamanoshita-cho, Ukyo-ku
City of mailing address::	Kyoto-shi
State or Province of mailing address::	Kyoto
	Inventor
Applicant Authority Type::	
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Yoshihiko
Family Name::	SANO
City of Residence::	Kyoto-shi
Country of Residence::	Japan
Street of mailing address::	c/o OMRON HEALTHCARE CO., LTD. 24, Yamanouchi, Yamanoshita-cho, Ukyo-ku
City of mailing address::	Kyoto-shi
State or Province of mailing address::	Kyoto
Applicant Authority Type::	Inventor

Primary Citizenship Country:: Japan
Status:: Full Capacity
Given Name:: Toshio
Family Name:: OHTANI
City of Residence:: Kyoto-shi
Country of Residence:: Japan
Street of mailing address:: c/o OMRON HEALTHCARE CO., LTD.
24, Yamanouchi, Yamanoshita-cho,
Ukyo-ku
City of mailing address:: Kyoto-shi
State or Province of mailing address:: Kyoto
Country of mailing address:: Japan
Postal or Zip Code: 600-0084
Correspondence Information
Correspondence Customer Number:: 25227

Representative Information

Representative Customer Number:: 25227

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2003-013716	01/22/2003	Yes

Assignee Information

Assignee name:: OMRON HEALTHCARE CO., LTD.
Street of mailing address:: c/o OMRON HEALTHCARE CO., LTD.
24, Yamanouchi, Yamanoshita-cho,
Ukyo-ku
City of mailing address:: Kyoto-shi
State or Province of mailing address:: Kyoto
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